

ROCHESTER

—Minnesota—



MASSAGE THERAPY BUSINESS LICENSE CHECKLIST

REQUIRED TO BE SUBMITTED & COMPLETE AT TIME OF APPLICATION BEFORE APPLICATION CAN BE PROCESSED:

- ☐ 1. Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
 - ☐ License Application Part I for businesses/liquor/contractors
 - ☐ Massage Therapy Business License Application Part II
 - ☐ Part B. completed by sole proprietor or designated manager, with witnessed signature
 - ☐ Part C. completed by anyone with a 5% or greater ownership interest in the business, corporate officers, and all additional managers, with witnessed signature
 - ☐ Part D. completed with notarized signatures of sole owner or designated manager AND on site manager
- ☐ 2. Select one ownership type, and provide appropriate documentation:
 - ☐ Sole proprietor: no business documentation required
 - ☐ Corporation: Certificate of incorporation (if not incorporated in Minnesota, a certificate of authority is also required)
 - ☐ Partnership: Partnership agreement
 - ☐ LLC: Certificate of organization
- ☐ 3. Provide legal name of the business (to whom the license is to be issued) and any doing business as (DBA) name if the business is or will be known by anything other than its legal name – if you are a sole proprietor and use any name but your own
 - ☐ If there is a DBA name, a certified copy of the certificate required by Minn. Stat. §333.01 must be provided
- ☐ 4. Provide complete applicant information for all individuals with a 5% or greater interest in the business (space for up to 3 applicants on form, additional sheets can be used if needed)
- ☐ 5. Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States – proof of identification must be one of the following, a copy of which must be submitted:
 - ☐ A valid driver's license including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - ☐ A valid identification card including a photograph and date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
 - ☐ A valid military identification card issued by the U.S. Department of Defense
 - ☐ A valid U.S. Passport
 - ☐ In the case of someone who is a foreign national, a valid passport

☐ 6. Provide a description of the premises to be licensed in question 13 of Section A of the license application. A separate document of the layout can be provided.

☐ If the applicant does not own the premises, a copy of the lease agreement allowing the applicant to occupy the premises must be provided

☐ State whether all taxes and special assessments due and owing on the premises are current, and if the applicant or other entity in which the applicant has an interest has a legal duty to pay those amounts state for which years they are delinquent

☐ 7. Proof of workers' compensation insurance coverage, or certification by applicant it is not required

☐ 8. Initial Investigation Fee of \$200

☐ 9. Annual License Fee of \$100

This fee is prorated quarterly, based on when the license is issued.

Jan. 1-March 31	\$100
Feb. 1-June 30	\$75
July 1-Sept. 30	\$50
Oct. 1-Dec. 1	\$25

☐ Indicate if separate business license fee is not required (only if the business is owned and operated by a massage therapist licensed by the City of Rochester with no other employees or contractors providing massage therapy)

☐ 10. Applicant must sign both part I of the application, and then sign and have the appropriate section of the complete application notarized (this can be done at the Office of the City Clerk when submitting the application)

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

☐ 11. Background investigation completed on the Applicant and all persons that have a five percent or greater financial interest in the business – if any of the applicants have lived outside of Minnesota in the previous five years, a national background investigation will be completed

☐ 12. Review of the application by other City/County departments (Building Safety, Police, Planning & Zoning, Fire, Health) to provide recommendations on approval

☐ 13. Proof of required insurance coverage submitted - must provide a certificate of insurance as proof of required general liability insurance providing minimum coverage of \$300,000 combined single limit per occurrence before a license is issued

☐ 14. Approval of the license application by the City Council

☐ 15. Issuance of license once all other steps are complete.

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LICENSE APPLICATION PART I FOR BUSINESSES/LIQUOR/CONTRACTORS

APPLICANT INFORMATION			
Entity license or permit will be issued to (Legal Corporate Name of Business, or if sole proprietor, name of individual)		Business Trade Name (DBA) if different than legal name	
Business Address	City	State	Zip Code
Business Email Address	Business Telephone Number		Cell Phone Number
Mailing Address (if different than Business Address)	City	State	Zip Code
Please send official notices relating to licenses for this business to (check all that apply): <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email		Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other _____	
Date of Incorporation/Organization	State of Incorporation/Organization	Name (First, Last) of Primary Contact Person	
Role of Primary Contact Person: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Other _____		Direct Phone Number of Primary Contact Person	
Email of Primary Contact	Is there a manager other than the listed primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name (First, Last) of Manager	
NOTIFICATION AND VERIFICATION			
<p>The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.</p> <p>Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.</p> <p>Disclosure of a Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and social security numbers may be requested by and released to the Minnesota Commissioner of Revenue.</p> <p>All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.</p> <p>The City of Rochester distributes general city information and notices through an electronic notification system. As an applicant for a business license or renewal of an existing business license, you may sign up to receive notices through this electronic notification system on the City's website at http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates. This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.</p>			
A SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR LICENSE APPLICATION			
<p>I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.</p>			
Signature of Applicant _____		Date _____	

Application No. _____

Date Submitted _____

Amount Paid _____

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MASSAGE THERAPY BUSINESS LICENSE APPLICATION PART II

Rochester Code of Ordinances, Chapter 115A applies to Massage Therapist and Massage Therapy Business licenses. Massage Therapy Businesses include any enterprise, establishment, or operation, whether under the control of an individual or legal entity, providing or offering to provide Massage Therapy within the City for a fee or other consideration that has one or more massage therapists, other than the owner, employed or contracted to provide massage therapy for the business, and that is located in a fixed location in a zoning district that permits massage therapy. A massage therapy business does not include a health or medical facility, office or clinic operated by a state licensed medical professional, or any health or medical-related business operated by a state-licensed medical professional, which provides therapeutic massage to its patients.

If a Massage Therapy Business is wholly owned and operated by an individual who is licensed by the City of Rochester as a massage therapist under Chapter 115A and has no employee or contractor other than the licensee/owner, the massage therapy business license fee shall not be required, only the massage therapist license fee. A business license should still be obtained, and an initial investigation fee shall be required.

Licenses must be renewed annually, with the license period running from January 1 through December 31 each year. The current annual license fee is \$100, and is prorated quarterly. New businesses and changes in ownership require an investigation fee of \$200, which must be paid at the time an application is submitted.

A. BUSINESS INFORMATION	
1. Legal Corporate Name of Business to whom license will be issued (This is an individual's name ONLY if a sole proprietor)	2. Trade Name (DBA) if different than legal name (A <i>certified copy of the DBA certificate must be provided with this application.</i>)
3. As an applicant/licensee, I am: <input type="checkbox"/> Starting a new business <input type="checkbox"/> Leasing/renting space within an existing location as an independent operator (new license for a new business added to an existing location) <input type="checkbox"/> Taking over an existing business (License transfer to New owner – same business name) If yes, name of existing business: _____ <input type="checkbox"/> Taking over an existing business as a new license holder (New license) If yes, name of prior business: _____	
4. Name of Person Completing this application	5. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____
6. Federal Tax ID Number	7. State Tax Number
8. Business Location (Street Address)	9. City, State, Zip Code
10. Is the business applicant the owner of business location? <input type="checkbox"/> Yes <input type="checkbox"/> No – A <i>copy of the lease agreement for the location must be provided with this application</i>	11. If the answer to question 10 is yes, are all taxes and special assessments due and owing on the proposed business location current? <input type="checkbox"/> Yes <input type="checkbox"/> No – Which years are delinquent: _____

12. Type of Ownership:

- ☐ Sole Proprietor – Only the individual owner must complete owner's information, no additional documentation is required.
- ☐ Corporation – all corporate officers, directors and stockholders with a 5% or greater interest must complete owners' section (section C).
A copy of the certificate of incorporation must also be provided with this application, along with a certificate of authority if required by Minn. Stat. §303.06
- ☐ LLC – all members with a 5% or greater interest must complete owners' section.
A copy of the LLC's articles of organization must be provided with this application.
- ☐ Partnership – all partners with a 5% or greater interest must complete owners' section.
A copy of the partnership agreement must be provided with this application.
- ☐ Non Profit or other: _____ *Consult with the City Clerk's Office on who must complete the owners' section.*

13. Licensed Premises

Describe the area of the business location to be used as the licensed premises, including the square footage. You can include a separate sheet with an illustration of how the space is laid out and will be used for licensed activities.

14. Provide a detailed description of the services to be offered, including a list of services and prices. Attach additional sheets if needed.

15. Planned hours of operation for each day of the week:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

16. Will you have employees?

- ☐ Yes
☐ No

If yes, how many? _____

Note: All therapists must have an individual license from the City of Rochester.

17. Will you have independent contractors working in the business?

- ☐ Yes ☐ No

If yes, do have an independent contractor agreement prepared?

- ☐ Yes ☐ No

Note: All therapists must have an individual license from the City of Rochester.

18. How will you train and provide oversight for any therapists working in the business, either as employees or contractors? You can also provide any training materials or agreements that may be used in the business as documentation for this question.

REQUIRED INSURANCE**19. Do you have the required general liability insurance to operate the business?**

- ☐ Yes ☐ No Proof of insurance must be provided before a license can be issued

20. Workers' Compensation Company

Policy Number

Dates of Coverage

OR:

I certify that I am not required to carry workers' compensation insurance because:

- ☐ I am self-insured.
- ☐ I am the sole proprietor and I have no employees.
- ☐ I have no employees who are covered by workers' compensation law.

Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

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Office of the City Clerk



This section must be completed for **all** massage therapy business licenses by the designated manager with responsibility for the business. For licenses issued to a sole proprietor, the licensee must complete this section.

B. MESSAGE THERAPY BUSINESS DESIGNATED MANAGER															
1. Name (First, Middle, Last)		2. Are you an owner of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, indicate title and percent of ownership interest: _____													
3. Are you also the on-site manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Date of Birth (MM/DD/YYYY)	5. Place of Birth (City & State, or City & Country if outside U.S.)													
6. Home Address		7. City, State, Zip Code													
8. Direct Phone Number	9. Cell Phone Number	10. Email													
11. Social Security Number	12. Driver's License or ID Number & Issuing state	13. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you legally permitted to be in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No													
14. Proof of identification must be provided pursuant to RCO 115.06 subd. 2.A.(7) from one of the following: <input type="checkbox"/> A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid military identification card issued by the U.S. Department of Defense <input type="checkbox"/> A valid U.S. passport, or, <input type="checkbox"/> In the case of a foreign national, a valid passport															
15. Have you ever been known by any name other than the one listed above on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List all other names or aliases ever used, as well as the dates of the use of each name _____ _____															
16. Addresses used for Last Five years – attach additional sheets if needed <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;"><u>Dates</u></th> <th style="text-align: left;"><u>Addresses</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>				<u>Dates</u>	<u>Addresses</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Dates</u>	<u>Addresses</u>														
_____	_____														
_____	_____														
_____	_____														
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_____	_____														
17. Have you ever had a business license or individual massage therapist license denied, revoked, or suspended by any local unit of government or state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details about any adverse license action, including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action. _____															

18. Have you ever been engaged in the operation of a business providing Massage Therapy?

☐ Yes ☐ No

If Yes, provide details about your prior experience

19. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

<u>Date</u>	<u>Offense</u>	<u>Location</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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NOTIFICATION AND VERIFICATION OF DESIGNATED MANAGER

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Rochester to conduct a background investigation as authorized by RCO 115A.06 subd. 1.

Signature of Applicant _____ Date _____

Printed name of witness _____ Signature _____

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C. ALL OWNERS & OPERATORS, INCLUDING PARTNERS, OWNERS, AND CORPORATE MEMBERS

Every owner, partner, and corporate member with a 5% interest or greater in the business must complete this section. In addition, any additional on-site managers or business operators who did not complete the designated manager section must also complete this section. Submit separate copies of this section for each individual completing it.

1. Role of person completing this section:

- ☐ Owner/partner/corporate member with a 5% interest or greater in the business
- ☐ On site manager (other than designated manager in prior section B.)
- ☐ Additional on-site managers or operators with management responsibilities (this does not include individual therapists working as employees or contractors in the business without a management role)

2. Name (First, Middle, Last)

3. If you are an owner of the business, indicate nature and percent of ownership interest:

4. Date of Birth (MM/DD/YYYY)

5. Place of Birth (City & State, or City & Country if outside U.S.)

6. Home Address

7. City, State, Zip Code

8. Direct Phone Number

9. Cell Phone Number

10. Email

11. Social Security Number

12. Driver's License or ID Number & Issuing state

13. Proof of identification must be provided pursuant to RCO 115.06 subd. 2.A.(7) from one of the following:

- ☐ A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- ☐ A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico
- ☐ A valid military identification card issued by the U.S. Department of Defense
- ☐ A valid U.S. passport, or,
- ☐ In the case of a foreign national, a valid passport

14. Have you ever been known by any other name than the one listed on this application?

☐ Yes ☐ No

If Yes, List all other names or aliases ever used, as well as the dates and locations (city, state/country) of the use of each name

15. Have you ever had a business license or individual massage therapist license revoked by any local unit of government or state? ☐ Yes ☐ No

If Yes, provide details about any revocation, including the type of license(s), jurisdiction(s) involved, and date(s)

16. Addresses used for Last Five years – attach additional sheets if needed

Dates

Addresses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Have you ever been engaged in the operation of a business providing Massage Therapy?

☐ Yes ☐ No

If Yes, provide details about any denial, revocation, or suspension of a related license, including the type of license(s), jurisdiction(s) involved, and date(s), and your business activity or occupation following the action.

18. Provide information on any criminal conviction(s) of any state, county, or local law or regulation – attach additional sheets if needed

Date

Offense

Location

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION AND VERIFICATION

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

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Signature of Applicant _____ Date _____

Printed name of witness _____ Signature _____

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D. APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE DESIGNATED MANAGER OR SOLE OWNER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Printed Name _____

Subscribed and sworn to before me this
_____ day of _____, 2017

(NOTARY PUBLIC)

(NOTARY SEAL)

AFFIRMATION OF RESPONSIBILITY BY ON SITE MANAGER

As the business' appointed on-site manager or agent, I hereby provide my notarized written consent to:

- a) Take full responsibility for the conduct of the Licensed Premises and operation; and
- b) Serve as agent for service of notices and other processes relating to the license.

Signature of On-Site Manager _____ Printed Name _____

Subscribed and sworn to before me this
_____ day of _____, 2017

(NOTARY PUBLIC)

(NOTARY SEAL)